

BEYOND INFIDELITY-RELATED IMPASSE: AN INTEGRATED, SYSTEMIC APPROACH TO COUPLES THERAPY

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Nowadays, infidelity means more than extramarital sexual relations and includes such acts of betrayal as clandestine spending of household savings and internet or virtual affairs. Despite the most noble of intentions to repair the relationship, impasse often results when the offending partner desires to move on and the offended partner subsequently feels retraumatized and becomes reactive. Unfortunately, family therapists are often responsible for maintaining this impasse by getting stuck in the same content-level arguments as their clients as well as failing to adequately consider contextual factors like gender and power. In this article I propose a theoretical, integrated, systemic therapy model that balances attachment-informed approaches with systems-informed neutrality. The approach focuses on rebuilding attachment while avoiding even tacit, content-level judgment. It is believed that this will help the couple use existing resources to build a loving interpersonal connection where each partner can safely and openly communicate to move beyond infidelity-related impasse.

Despite already widely acknowledged high infidelity rates, historically narrow definitions of infidelity mask that the problem is even more pervasive. Ironically, one of the most difficult types of cases faced by couples' therapists is infidelity where the act of betrayal is not part of an ongoing relationship, the offending partner demonstrates remorse for the affair, and both partners are motivated to recover and improve their relationship. Yet such couples (and their therapists) often experience *impasse* in their attempts to resolve this problem. This impasse or inability to repair the attachment injury despite the best intentions of all parties, is common and treatment-resistant to empirically supported couple treatments (Gordon, Baucom, & Snyder, 2004). The model proposed in this article is an integration of strategic therapy, solution-focused therapy, and emotionally focused therapy. It is based on systemic theory and anecdotal evidence and should not be mistaken

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for a data driven, clinical study. The proposed integrated model is informed by three core assumptions: (1) How reciprocal communication and behavioral patterns affect couple relationships (Fisch, Weakland, & Segal, 1982; Haley, 1963; Watzlawick, Bavelas, & Jackson, 1967); (2) Historical treatment of infidelity is inherently problem-focused and culturally biased toward a particular belief of coupling relationships (Atwood & Seifer, 1997; Penn, Hernandez, & Bermudez, 1997); and (3) While the offending partner's attempts to *move on* may be a faulty attempted solution that retraumatizes the nonoffending partner, relying on post-traumatic stress disorder (PTSD) betrayal models to intervene risks client alienation and pathologizing (Burstow, 2003; Gordon, Baucom, & Snyder, 2004; Herman, 1997).

THE IMPACT OF INFIDELITY ON COUPLE DYNAMICS

Prevalence Rates

Infidelity is the most frequently cited contributor to divorce (Shackelford, Buss, & Benett, 2002). Prevalence rates vary from 26% to 75% with most of the literature clustered in the 45% to 60% range (Atwood & Seifer, 1997; Gordon, Baucom, & Snyder, 2004; Penn et al., 1997; Shackelford, LeBlanc, & Drass, 2000; Thompson, 1983). It is worth noting that most prevalence rates measure extramarital sexual (EMS) activity. Widening the view to include EMS of nonmarried couples and nonphysical acts of betrayal would likely yield even higher numbers.

Definition of Infidelity

The process of defining infidelity in the research literature has historically varied greatly. While some researchers define infidelity exclusively as extramarital or extracouple sexual intercourse it is now common to consider the definition to include the following acts of betrayal by a partner: Internet sex, intimate emotional (and nonphysical) relationships, secret relationships, secretive use of pornography, financial betrayal, in addition to a physical sexual relationship with a third party (Cann, Mangum, & Wells, 2001; Gonyea, 2004; Shackelford, LeBlanc, & Drass, 2000; Whitty, 2003). Thus a more appropriate definition of infidelity is: (1) an act of an emotional and/or physical betrayal characterized by behavior that is not sanctioned by the other partner; and (2) that has contributed to considerable, ongoing, emotional anguish in the non-offending partner (Blow & Hartnett, 2005; Buss & Shackelford, 1997; Thompson, 1983; Weeks, 1989). This definition goes beyond Thompson's (1983) and Weeks' (1989) assertion that the betrayal must be extradyadic, that is, involve a person outside the marriage or couple. Pittman (1989) states that betrayals and lies about money can generate as much conflict as an extramarital affair. Similarly, Whitty (2003) found that people perceive online acts of infidelity (cybersex, hot chatting, and pornography) as

authentic—implying that another person does not need to be physically involved for infidelity to occur.

A Pro-Monogomy Bias

The extent to which infidelity occurs in monogamous relationships sheds considerable doubt on whether long-term monogamy is a viable institution. Yet much of the marriage and family therapy literature accepts the notion of monogamy as sacrosanct and an unquestionable assumption that informs work with couples. In *Private Lies: Infidelity and the Betrayal of Intimacy*, Pittman (1989) sees affairs as breaches of trust that are representative of immoral behavior. He also says that unsuccessful marriages are an indication that the couple rather than the institution is flawed. In critiquing what she views as a judgmental approach to treating infidelity, Scheinkman (2005) states, "Even though we may all agree that affairs often involve betrayal and deception, it is worth considering that affairs are not necessarily *about* betrayal, deception and the consequent damage" (p. 230). The latter, Scheinkman argues, is tantamount to naming villains and victims and shows a lack of empathy for the struggles of each partner.

CONTEXTUAL FACTORS

Approaching infidelity from a betrayal framework seems likely to solidify the couple in their opposing positions and set them up for therapeutic impasse. This impasse would present as relational process where the offending partner tries to move on from the betrayal act, but the offended partner resists this because he or she sees it as an attempt to minimize or even deny that the betrayal actually happened. The prevailing approach to treating couples recovering from infidelity is absolute honesty and transparency—even in cases where the affair has been revealed (Brown, 1999; Pittman, 1989). The danger of this approach is that the therapist can easily get caught in content-level arguments and thus blame the offender and retraumatize the offended partner. Additionally, the widely accepted and universally taught approach that complete honesty and the sharing of details is the only way to rebuild a relationship after an affair, seems ethnocentric, destined to shame one partner, reinforce flawed assumptions, and neglects contextual factors like gender, power, social support, culture, and religion.

Gender

Infidelity prevalence rates vary according to gender with female incidence rates consistently being about 10% to 15% lower than those of male counterparts (Atwood & Seifer, 1997; Gordon, Baucom, & Snyder, 2004; Penn, Hernandez, & Bermudez, 1997; Thompson, 1983). This difference is often explained by

evolutionary imperatives for *genetic assurance*, *discrepancies in parental investment*, and *reproductive potential* (Hughes, Harrison, & Gallup, 2004). This is also supported by apparent gender differences in attitudes toward types of infidelity. Cann, Mangum, and Wells (2001) found that women are twice as likely to regard emotional infidelity as the most distressing type of infidelity while men find it more difficult to forgive sexual rather than emotional acts of infidelity (Shackelford, Buss, & Bennett, 2002). As Glass states, "Men and women will differ in types of justifications that they approve. Men will be more approving of sexual justifications, and women will be more approving of emotional justifications" (Glass & Wright, 1992, p. 365). It is not surprising that EMS by women is thus more likely to lead to dissolution of the marriage or relationship than infidelity by the male partner (Thompson, 1983).

Power

It is likely that the systematic, historically oppressive power of men over women has something to do with definitions of infidelity only recently being broadened to include emotional betrayal (McGoldrick, 1998). Despite modern changes in women's roles that have brought increased levels of reproductive and economic independence, the world tends to maintain a certain *colorblindness* when it comes to recognizing the ongoing legacy of male oppression of women (Hardy & Laszloffy, 1998). Until recently, it was acceptable for men to have extramarital affairs. In many cultures, extreme examples of this double standard still remain, such as in countries that permit the stoning of adulterous women (Scheinkman, 2005).

Social Support

Bryant & Conger (1999) imply that lack of social support by friends and family for a romantic relationship is a predictor of both infidelity and relationship dissolution. This further suggests that treatment of infidelity should be focused less on *betrayal* and more on the systemic deficits contributing to the act of infidelity. Atwood and Seifer (1997) claim that, "Marriage is thought to be the cure for all life's problems, when actually it is the medium through which all of our problems can be expressed" (p. 72).

Culture and Religion

While income levels or socioeconomic status are not linked with infidelity, attitudes about infidelity differ considerably among disparate cultures (Janus & Janus, 1993). For instance, African Americans, Latino Americans, and Asian Americans may have greater tolerance levels for male infidelity than North-American couples of European descent (Penn, Hernandez, & Bermudez, 1997). In addition, the same

author found that some Asian Americans may blame the female partner for the dalliance of the male. While there is some evidence that the most and least religious individuals have the highest rates of infidelity, the most compelling aspect of religion is its predilection for placing those who commit infidelity in a double bind. Those who follow the traditional therapeutic and religious prescription of *coming clean* about an affair may end up being shamed and punished by their peers and religious institution (Breunlin, Schwartz, & Mac Kune-Karrer, 1997; Buss & Shackelford, 1997). The greater influence of Puritan values on American culture than on European and Latin-American culture has contributed to less tolerant attitudes toward infidelity in the U.S. This does not mean adultery is endorsed elsewhere, but that it is typically not viewed as a sign of moral decay (Scheinkman, 2005).

Sensitivity to the contextual factors mentioned above is paramount in treating a couple that presents in therapy to repair a postaffair relationship. Failure to adequately address these factors increases the likelihood that therapy will contribute to the retraumatizing of the victim and therapeutic impasse (Herman, 1992; Scheinkman & Fishbane, 2004).

LIMITATIONS OF THE TRAUMA MODEL

While empirically validated treatments (EVTs) exist for couples' therapy in general, the existence of EVT for infidelity in couples is an entirely different matter. Many of the empirically validated studies that do exist suffer from lackluster quality of design, weakness of sampling, and lack of diversity issue considerations (Blow & Hartnett, 2005; Penn, Hernandez, & Bermudez, 1997). One of the most successfully and widely used treatments to help couples address past injuries and move forward is the interpersonal trauma model (Glass, 2000). Shirley Glass's interpersonal trauma model addresses infidelity much like PTSD models that treat victims of violent acts like rape, war, and domestic violence (Burstow, 2003; Herman, 1997). The model seeks to, "Establish safety, manage affect and validate post traumatic symptoms" (Glass, 2000, p. 1). But labeling and treating the offended partner as a trauma survivor seems too heavily reliant on nonsystemic, linear causality. Salient as the pain of the faithful spouse may be, a direct application of the trauma framework may also be too shaming to the other partner. This risks alienation and may preclude what emotionally focused therapists call withdrawer re-engagement (Johnson, 2004). Gordon, Baumcom, and Snyder (2004) disagree and suggest that, "Difficulties with concentration, persistent rumination about the event [infidelity] and disrupted daily functioning" (p. 213) are indicative of PTSD and must be treated accordingly. Still, the idea of treating a couple for infidelity with processes similar to those used to treat victims of violent crime *cannot not* make the treatment focus on the problem and pathologize the other partner (de Shazer, 1985; Weakland, Fisch, Watzlawick, & Bodin, 1974). It also seems as though such an

approach is destined to get mired in content-level arguments that contribute to or reinforce impasse.

A MORE SYSTEMIC APPROACH

The Case for EFT

Though it has been referred to as a theory of trauma, EFT actually approaches from the other end of the spectrum—an attachment view about love. The softened approach of treating infidelity as a contributor to a love-attachment injury rather than to PTSD helps to validate one partner without blaming the other. The approach is informed by systems theory relying on circular causality with an eye toward changing interaction patterns. It also integrates an experiential component to get at primary affect and repair healthy attachment (Johnson, 2004).

Infusing Communications Theory

But die-hard systemic therapists may argue that while it is an improvement from the trauma model, EFT doesn't go far enough to avoid pathologizing the offending partner. From the strategic therapist's point of view, operating from a model focused on attachment injury still seems likely to blame the offending partner and keep the therapist stuck at a content level. In the eyes of the strategic therapist, EFT has strayed too far from its communication theory roots. A core assumption of strategic therapists is that the complexity of communications theory makes causation virtually impossible, and that this focus on process is the best way to address what is happening rather than why it has happened. This effectively eliminates judgment or pathologizing of the client by the therapist in favor of a blameless circular causality (Watzlawick et al., 1967).

The Practicality of SFT

What strategic therapy provides in depth of theory, solution-focused therapy (SFT) provides in depth of approach. A study by Halford, Keefer, and Osgarby (2002) explains that distressed couples have a tendency to negatively bias their memories of recent events. Other studies also suggest that negative attitudes are a component of many distressed couples (Driver & Gottman, 2004; Gottman & Silver, 1994; Shapiro, Gottman, & Carr, 2000; Todosijevic, Rothblum, & Solomon, 2005). A solution-focused approach is helpful in that it gets couples to avoid problem-talk (O'Connell & Palmer, 2003). This is particularly important for the aftermath of infidelity as such couples are unlikely to be used to focusing on change, possibilities, and preferred futures (Sharry, 2001). From a communications theory perspective, EFT would benefit from integration with strategic therapy that in turn is

best when tempered for solutions with SFT. The remainder of this paper will describe this integrative approach.

INTEGRATED TREATMENT APPROACH

The following example is illustrative of the kind of case that calls for treatment with this integrated model:

Background Information

“Suzy” and “Dave” have been married for two years and present for couples therapy to work out self-described communication issues. They are by all accounts a normal couple but report arguing often for the past six months. Dave works 45 hours a week as a manager of a large retail store, Suzy works as a medical receptionist. The two met while participating in a local political cause. Suzy feels that Dave’s interest in this activity is waning and that work is taking over. Suzy describes herself as having had a rich social life with many friends prior to the marriage. Suzy also reports that Dave has been neglectful in his household duties and cites his failure to fix a broken fence.

Dave and Suzy both have Irish and Germanic as well as Catholic and Methodist ancestry. Dave reports a current lack of religious affiliation. Suzy, in her adulthood, converted to a post-Christian brand of Neopaganism. Suzy also has French and English ancestry and Dave also has Polish ancestry. The way in which these cultures and religions influenced their two families differs. Suzy was influenced to a greater degree by her English and Germanic roots while Dave reported greater influence from his Irish and Polish roots. Another cultural factor affecting the couple system are the historical geographical differences. While the most influential side of Dave’s family came from a large Midwestern metropolitan area Suzy’s family has hailed from a remote, Western town for several generations.

An only child, Dave reports that though his parents are still married and that his relationship with them is warm and loving, there was always emotional and at times physical abuse in the home. He reports that his mother’s side of the family had considerably more wealth than his father’s family and that this was a stated concern of his maternal grandparents. Dave describes himself as being easy going and the kind of person who rolls with the punches. He recalls that his parents argued and insulted one another often. Dave reports that his parents did a pretty good job of attempting “to hide their volatility” but he says, he always knew about it. He also reports that he had to leave the house a few times so his Dad wouldn’t take it out on him.

Suzy grew up in a tumultuous household characterized by patriarchal terrorism (Herman, 1997) perpetrated by her father on her mother and siblings. While she was occasionally the victim of her father’s violent attacks, more often than

not she was triangulated with her father and mother mostly for the purposes of validating and placating her father to avoid family violence. As she grew older she began to resent this role and stand up to her father. Her father and mother divorced about the same time that Suzy began to stand up to her father. Suzy describes the separation and divorce process as *particularly scary* and reports dealing with these issues in her own individual therapy.

The Couple's Focus on Content

In her intake form, Suzy reports that Dave was "involved in an emotional affair" with a coworker and that since then "things have not been the same." During the first session, Dave and Suzy rarely look at one another. Dave attempts to show Suzy he cares for her by making statements like, "Things aren't that bad," and "I know what I did was wrong, but I think we can make this work." At these moments Suzy grows more distressed and begins to cry. Dave looks straight ahead at the therapist without comforting or responding to Suzy. This is what infidelity-related impasse looks like—Dave's attempts to move on are perceived by Suzy as adding insult to injury; while to Dave, Suzy's response seems irrational (Johnson, Maniken, & Millikin, 2001; Scheinkman & Fishbane, 2004).

Impasse in Action

As the sessions go on, a similar process plays out. Dave makes overt statements of concern that seem to minimize the couple's predicament while Suzy rolls her eyes, cries or makes sarcastic faces. After three sessions of therapy it is determined that Dave and Suzy are caught in a demand-withdraw communication cycle with Suzy being the pursuer and Dave the distancer. To Suzy, Dave's attempts to make peace are both invalidating and unbelievable. Dave's attempts to soothe the relationship actually end up retraumatizing her and making her feel worse. Dave also attempts to protect Suzy by avoiding talking about the affair and being quick to get off of phone calls with people from work so Suzy won't worry—even though the calls are never from the other woman. Again, these attempts are perceived by Suzy as hiding behavior and reminiscent of the clandestine affair. Dave, feeling he can't win, begins to work longer hours. The cycle seems to go beyond simple demand and withdraw because Suzy is constantly retraumatized. Yet from a softened, attachment perspective, both are injured. Their flawed attempts to repair the injury yield further damage.

A Synergistic Model

There are, however, two concerning limitations of strategic therapy when it comes to the case of Suzy and Dave. First, although well-intentioned, discussions of at-

tempted solutions tend to be problem saturated and may emphasize what's wrong in the relationship. Second, the neutral stance of strategic therapy rejects entirely the trauma framework as if to imply to Suzy that she has not been wronged (Luepnitz, 1988). As stated earlier a better approach would be a middle ground or softening of the trauma framework. As for the first limitation, once the problem interaction is identified, application of SFT is helpful in noticing exceptions. Suzy and Dave's commitment to their relationship is indicated by their willingness to come to therapy and seek professional help to address an issue that they themselves have tried many times to remedy. This suggests a degree of hopefulness and motivation to change (Prochaska, DiClemente, & Norcross, 1992). This further implies that something must be working. While many disagreements escalate in demand/withdraw fiascos, some do not. One example of this exception is their discussion and obvious agreement to come to therapy. These are typically small requests on Suzy's part that are stated by her as they come up and are thus not perceived as emotionally charged by Dave who engages with her in at least discussing if not meeting the request. The limitation of SFT is that the couple's perceptions of these exception-oriented interactions do not happen in the moment, and are unlikely to translate to live or emotionally charged events. For this reason, attempts at using miracle, future-oriented, or scaling interventions can lead to impasse.

EFT provides a greater inherent level of validation for Suzy's perception of betrayal. But unlike the aforementioned SFT limitation, EFT could help Suzy and Dave make the connection between past exceptions and live, escalated arguments. EFT reframes the couple's worst examples of disagreements not as problems but as struggles for attachment. By thin slicing through Dave's anger and Suzy's indignation the therapist is able to uncover the couple's primary emotions that seem to charge these escalations. For Dave the interaction cycle leads to feelings of hurt and not being good enough for Suzy—feelings frankly, that are worthy of avoidance. For Suzy the cycle brings out feelings of being alone, unloved, and uncared for. The last time Suzy was forced to be in this position her father and mother divorced. It is ironic yet makes sense that Suzy both resents and feels she has to work even harder at managing Dave so the same thing doesn't happen to their relationship.

STAGES OF TREATMENT

The stages of Strategic Solution Emotionally Focused Therapy (SSEFT) are interdependent and nonsummative (Watzlawick et al., 1967). Much like the problems that are to be solved, the solutions promulgated by SSEFT lie in circular rather than linear causality. The SSEFT therapist's adherence to this assumption increases maneuverability (Fisch et al., 1982). Yet as shall be shown in Stage One, circularity has implications of neutrality, which must be tempered with care.

Stage One: Safety & Social Stage

For many couples, the act of coming to therapy and asking for help is an indication of failure (Haley, 1963). This can be a particularly vulnerable time for clients and a unique opportunity for therapists to hear the couple's story from a *tabula rasa*. It is imperative, however, for the therapist to take a position of ever-changing balance between the *black box* (Watzlawick et al., 1967) approach of refraining from pathologizing either partner and a more postmodern concern about: (1) how each partner feels about the interactions emanating from his or her black box, and (2) how contextual issues might affect the input and output of the client (Luepnitz, 1988; Nichols & Schwartz, 2005). For Suzy and Dave, Stage One might incorporate questions such as: Why do you think your partner came here today? How accurate is his/her assessment? What would you like to add/subtract? What do you think your partner needs to know before you leave here today? What if he/she doesn't believe you? Dave, what would your mother's side of the family say about your being here? What about your father's side? Suzy, what do you think your mother would say about your predicament? In terms of context a therapist informed by historical gender and power differences might ask Dave: What would you have done/do in Suzy's situation? What do you think about the fact that she is here today? What would you have done in her situation? This line of questioning is designed to heighten the power imbalance and inequity in the relationship. It is likely that Suzy's feelings of betrayal are closely tied to the lack of power she and women in general have in defining infidelity and the subsequent lack of validation of her feelings of betrayal.

Stage One is more than a getting-to-know-you stage. It is a getting-to-know-the-couple's-process-and-context stage. By joining with the couple and displaying an informed, yet balanced approach, the therapist promotes a safe space for the couple to begin to be themselves. This lays the groundwork for problem maintenance hypotheses and the interactional assessment stage.

Stage Two: Interactional Assessment

Stage two does not have an abrupt beginning. It flows from the previous stage, but goes deeper. This calls for a softened, but directive approach analogous to Fisch et al.'s (1982) (barbaric, yet instructive) frog metaphor: Throw a frog in a boiling cauldron, it quickly jumps out. Place it in tepid water and gradually raise the temperature, the frog, unaware, slowly boils. The goal of stage two is to build a behavioral and emotional process map that takes contextual factors into consideration. This gradual process starts by asking Suzy and Dave general questions like: How do you make decisions? What are disagreements like for you? How do you know what kind of mood the other is in? Gradually, these questions become more focused on in-session behavior: Dave, what do you think of what Suzy just said? Do you agree with her? And finally moves to affect: Suzy, what's it like to

hear Dave say that? This line of questioning will lead to a confirmation of the demand-withdraw hypothesis of Suzy and Dave's predicament.

In the case of Suzy and Dave, a genogram would be helpful to explore multi-generational, contextual, and macro influences on the client system as well as to begin to highlight exceptions. Though the genogram is traditionally part of a Bowenian approach to treatment, at a meta-level its application makes sense for any strategic, solution, or emotionally focused, let alone SSEFT therapist informed by postmodern, contextual issues. For example, a genogram that included Dave's parents and grandparents might shed light on the financial disparity between his maternal and paternal sides of the family. Not only is Dave able to identify that his parents were stuck in a similar demand/withdraw cycle, but the constant undercurrent of their arguments seemed to be about his father never feeling like he was good enough for Dave's mother. Dave sees for himself that since his parents' fights were rarely about the content, it is possible that the same is true for Suzy and him. Thus an axiom of SSEFT is revealed: The fight is rarely about the fight. This is not only a tool that the couple can use to intervene during an argument, but the insight itself is a considerable exception that sets Dave apart from his father and allows him to realize his relational fate is not sealed.

For Suzy the genogram helps her realize how she's been the pursuer since long before Dave came along. To ameliorate her father's violence, Suzy was often triangulated into the parental relationship. Pursuit of her father was an effective means of de-escalation and also proof of her worth. This helps to make Suzy's role as pursuer or demander overt. Effective as this approach was during her childhood, it is likely contributing to problems in her current relationship. The fact that the demand-withdraw cycle has historical ties to family of origin coping mechanisms helps to both engage Dave, the withdrawer and soften Suzy, the blamer (Johnson, 2004).

The genogram also brings the couple's cultural assumptions into a new light. The relational impact of Dave's Irish/Polish roots and Suzy's English/German ancestry are explored. Dave's feelings of not being good enough for Suzy are connected to a historical backdrop of England's history of colonialism and oppression over Ireland and Germany's history of power of Poland. This clarified cultural context helps Dave reframe his feelings as an understandable by-product of historical oppression rather than a personal flaw.

The couple's different geographical backgrounds also tell a story that contributes to disparate communication styles. Suzy reports that her family of origin's rural isolation lead to alcohol dependence among several family members. Her current experiences of isolation in the face of Dave's withdrawal are painful reminders that encourage her continued reliance on a style of pursuit.

According to McGoldrick and Preto (1984), religious differences can contribute to conflict as well as influence gender roles, the meaning of marriage, parenting issues, communication, and problem solving. It's easy to understate this in the case of Dave and Suzy. On the surface, the couple's religious influences seem

similar (both have Methodist and Catholic influences). But according to Hardy and Laszloffy (2002), "It is virtually impossible for any two human beings to share exactly the same cultural identity" (p. 572). Therefore it would be problematic to assume that Dave and Suzy have a shared culture. Dave's current lack of religious affiliation and Suzy's adult conversion are similarly suggestive of modernity and open mindedness. Still, both choices seem tied to their respective process. Dave's is a *withdrawal* from organized religion and Suzy's is a move *toward* feminist empowerment (Adler, 1997). The nonpractice of a patriarchal religion does not communicate the same messages about gender beliefs as the overt rejection of patriarchy and subsequent move toward a more feminist religion. This subtlety influences Suzy and Dave's disagreements over housework chores—Dave's avoidance of chores could be seen by Suzy as a tacit acceptance of gender stereotypes.

With consideration of contextual issues and an eye toward exception building, the therapist explores how social connections outside of the relationship may have supported each partner doing something different in the face of the identified cycle. For Suzy this may reveal that when she has an opportunity to spend time with friends, she feels less "stressed out" about her relationship with Dave. Dave also reports that being an only child, he found particular comfort in the friendships he has made through the domestic violence prevention work he and Suzy do. The therapist complements each partner's ability to build social connections that indirectly support their relationship and directs them to work together to permit scheduling of social time or activities as each partner sees fit.

Stage Three: De-escalation and Finding Exceptions

According to Judith Herman (1997), "The single most common therapeutic error is avoidance of the traumatic material, probably the second most common error is premature or precipitate engagement in exploratory work, without establishing safety and securing a therapeutic alliance" (p. 172). Since the parallel between the violent trauma Herman describes and the attachment trauma of infidelity has been drawn, it makes sense that in the case of Suzy and Dave, the therapist goes slow, but goes there. Conversations about the infidelity that brought this couple to therapy should take place before stage three gets underway for two familiar reasons: (1) To give Dave the message that he will not be prejudged and (2) To let Suzy know her pain is valid. The couple may in fact voluntarily bring up the indiscretion some time earlier. Should that happen they are to be commended for being willing to bring up such a volatile subject with a stranger. Should they leave it for the therapist to bring up, they are still to be commended. Solution-oriented questions like: How have you been able to work through this so far? To manage this on your own? Where does that strength come from? will draw out exceptions to help soothe, build confidence, and de-escalate as *affect* exploration is about to go deeper (Berg & DeJong, 1996). It is important to point out that this is a com-

mon point of impasse (Johnson et al., 2001; Scheinkman & Fishbane, 2004). The couple has become clear of their respective roles, their faulty attempted solutions, and examples of where they have managed to do something different. Yet in the case of infidelity many couples cannot generalize this experience to the saliency of the argument-moment (Gordon et al., 2004).

Stage Four: Exploring Affect and Crossing the Chasm

As implied by the title, this fourth stage uses emotion to help Suzy and Dave cross the chasm between exceptions and the problem. SSEFT assumes that this chasm exists to a large degree because Suzy doubts Dave's sincerity, and ability to understand how hurt she is (Johnson et al., 2001; Scheinkman & Fishbane, 2004). In previous stages, the therapist may experience success with being overt about interactions and going *meta* only to be brought back to content level by a seemingly irrelevant detail like a broken fence. Rather than forcing progress and going *meta* again, the SSEFT therapist sticks with the content issue and faces Suzy's stated concerns about the household chores head on. By going super-slow and unpacking Suzy's emotions it becomes clear that Suzy believes Dave's apparent lack of care with regard to household chores reflects a related lack of love for Suzy. With balance in mind, the therapist checks in with Dave about the fence only to have Dave report that he is just as upset about not fixing the fence as Suzy. He reports walking past it on the way to his car with feelings of having failed Suzy. The therapist uses *evocative questioning* and *heightening* (Johnson, 2004) to get Dave to explore these feelings and also to allow Suzy to see that her premise that Dave doesn't care about the household chores is flat wrong—in fact he cares quite a bit. This approach is followed up with questions that are likely to elicit that Suzy believes Dave more and feels more cared for. It is also likely that for Dave, the anticipation of sharing his feelings about the chores was worse than the actual sharing. If successful, stage four provides practical reinforcement of the theoretical findings of earlier stages. In other words, stage four provides evidence that the demand and withdraw methods identified in earlier stages and employed so successfully in their youth are not viable means to relational success.

Stage Five: Termination

The final stage of SSEFT involves highlighting the couple's success, summarizing treatment gains and identifying new communication patterns that resulted from successful interruptions of old interactional patterns (Haley, 1963; Johnson, 2004; O'Connell & Palmer, 2003). Termination also involves readying the couple for relapse by having them identify what is likely to happen along with strategies to combat problem reoccurrence. Finally, the couple is encouraged to return from time to time for refresher sessions.

SUMMARY AND LIMITATIONS OF SSEFT

SSEFT is contraindicated in couples experiencing domestic violence of the intimate terrorism variety, though not necessarily in those experiencing common couples violence (Johnson & Janel, 2005). Given the high percentage of couples that experience both infidelity and domestic violence, SSEFT neglects the needs of these already marginalized populations. Another limitation of SSEFT is that it is difficult to assess what degree of clinical success is owed specifically to the model. SSEFT assumes a high level of motivation of each partner as well as remorse on the part of the partner who committed the act of infidelity. These attributes suggest that a successful SSEFT outcome is a product of what the couple brings to therapy, rather than what the therapist brings to the couple. These strict limits on client presentation also represent convenient excuses that could tacitly blame the client. Explaining away SSEFT's effectiveness due to one partner having a foot out the door or any limiter mentioned above hurts the case for this specific, integrated approach and supports the change readiness and common factors literature (Miller, Duncan, & Hubble, 1997; Miller & Rollnick, 2002).

Despite the above limitations, this paper provides an integrated treatment model for addressing the all too common, and infrequently addressed impasse experienced by couples struggling to recover from the infidelity of one partner. Prior findings suggesting that extensive exploration of affect is effective in treating couples' attachment injuries (Naaman et al., 2005; Schwartz & Johnson, 2000) have been bolstered by a reintegration with a communications-theory-informed and less problem-focused model. The integrated model also takes care to balance trauma-informed models with systems-informed neutrality. The result is an approach that validates the offended partner without alienating the offending partner. At a meta-level, the integration of EFT, SFT, and strategic therapy makes for a comprehensive approach to a specific but pervasive problem that has been ill defined and understudied.

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